

State of Maine
Board of Licensure in Medicine
137 SHS, 161 Capitol Street
Augusta, Maine 04333-0137
Minutes of March 13, 2012
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**State of Maine
Board of Licensure in Medicine
137 SHS, 161 Capitol Street
Augusta, Maine 04333-0137
Minutes of March 13, 2012**

BOARD MEMBERS PRESENT

Gary R. Hatfield, M.D., M.D., Chairman
Maroulla Gleaton, M.D., Board Secretary
David R. Andrews, M.D.
Louisa Barnhart, M.D.
Cheryl Clukey
David H. Dumont, M.D.
Dana Dyer
David D. Jones, M.D.
David Nyberg, Ph.D.

BOARD STAFF PRESENT

Randal C. Manning, Executive Director
Mark C. Cooper, M.D., Medical Director
Jean M. Greenwood, Board Coordinator
Dan Sprague, Assistant Executive Director
Tim Terranova, Consumer Assistant
Maria MacDonald, Board Investigator

ATTORNEY GENERAL'S OFFICE

Dennis Smith, Assistant Attorney General
Detective James Gioia

The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S. §405) and 10 M.R.S.A. §8003-B, and 22 M.R.S. § 1711-C). The Board moved, seconded, and voted the following executive session times. During the public session portions of the meeting actions are taken on all matters discussed during executive session. Discussions are projected on a screen by PowerPoint projection.

PUBLIC SESSIONS

9:05 a.m. – 9:34 a.m.
10:58 a.m. – 11:00 a.m.
11:00 a.m. – 11:08 a.m.
11:32 a.m. – 12:10 p.m.
12:40 p.m. – 1:00 p.m.
1:00 p.m. – 1:10 p.m.
1:10 p.m. – 1:11 p.m.
2:40 p.m. – 2:45 p.m.
3:22 p.m. – 3:46 p.m.
3:46 p.m.

PURPOSE

Call to Order – Public Business
Motion
Recess
Noon recess
Public Business
Recess
Public Session
Recess
Motions on Executive Session matters
Adjournment

EXECUTIVE SESSION

9:34 a.m. – 10:58 a.m.
11:08 a.m. – 11:32 a.m.
1:11 p.m. – 2:40 p.m.
2:45 p.m. – 3:22 p.m.

Informal Conference
Informal Conference
Complaint matters
Complaint matters

I. Call to Order - Dr. Hatfield called the meeting to order at 9:05 a.m.

A. Amendments to Agenda

1. Dr. McCann's CV and a memo to the PA Committee
2. Joshua Werblin, M.D. (Course Approval)
3. Rachel Swartz, M.D. (List B) – Licensing
4. CME request – Special Projects Committee

B. Scheduled Agenda Items

- 9:00 a.m. Remote participation for Informal Conferences
9:30 a.m. CR 10-581 Kevin G. Miller, M.D.
11:00 a.m. CR 11-068 Michael F. Regan, M.D.
1:00 p.m. Adjudicatory Hearing CR 10-476 Cesar O. Garcia, M.D.

II. Progress Reports

1. CR 09-441

Dr. Dumont moved to investigate further CR 09-441. Dr. Gleaton seconded the motion, which passed unanimously.

2. CR 11-374 Deborah A. Learson, M.D.

Dr. Jones moved to dismiss CR 11-374 Deborah A. Learson, M.D. with a letter of guidance. Dr. Dumont seconded the motion, which passed unanimously.

The patient's primary pain medicine became unavailable and the physician increased her secondary pain medicine without replacing the primary pain medicine. The patient overused the second medicine and ran out early. She was denied her early refill when she became angry and said it did not work anyway. The physician then refused to fill it at all. The patient stated she needed a pain medicine but received none. She was promptly referred to a pain specialist but the appointment was a month away. She kept that appointment but stated she would not have a work up, necessary to receive new medicine, as she could not afford it. She subsequently called the physician a few more times, to get her secondary medicine filled, without success. She is now followed in a pain clinic and a recent note from the pain clinic states she is working full time and doing well on a non narcotic pain medicine.

This is a difficult case for the patient and provider who has admitted that she never adequately controlled the patient's pain.

The Board dismisses this complaint with a letter of guidance which will suggest the use of a pain contract that is clear and unambiguous and fully explained to the patient as recommended by the physician's practice; the early use of non narcotic pain medicines and alternative interventions in a patient with pain; and, early referral to a pain clinic when a patient's pain needs are not met.

3. CR 11-355

Dr. Dumont moved to dismiss CR 11-355. Dr. Gleaton seconded the motion, which passed 7-0-0-2 with Dr. Jones and Dr. Barnhart recused.

This case involves a complaint against a surgeon resulting from an unsuccessful attempt to place a Port-a-Cath and eventual complications that resulted from this. In addition, the patient is concerned that her complaints to the physician were not taken seriously and that she was prematurely discharged from the hospital with a low oxygen saturation level and confusion.

Review of the record indicates that for unclear reasons the Port-a-Cath could not be placed and that the patient did have an abnormal chest x-ray immediately after surgery. Admission and further monitoring were encouraged by the surgeon but the patient refused. When the patient had other concerns these were addressed and when she had increasing pain 5 days later she was readmitted and had further abnormalities on chest x-ray. Hospital records show the patient had adequate pain control and good oxygen saturations without experiencing confusion. A repeat chest x-ray was also stable even though the patient subsequently did deteriorate and required further hospitalization and more treatment.

The physician has addressed his approach to this patient and his management strategy in light of an otherwise stable appearing patient. The care this patient received appears to have been appropriate despite her subsequently developing further unexpected problems.

4. CR 11-438

Dr. Andrews moved to investigate further CR 11-438. Dr. Jones seconded the motion, which passed 8-0-0-1 with Mr. Dyer recused.

5. Intentionally Left Blank

6. Complaint Status Report (FYI)

7. Review Draft Letters of Guidance

A. CR 09-314 David B. Nagler, M.D.

Dr. Nyberg moved to approve the letter of guidance to David B. Nagler, M.D. Dr. Jones seconded the motion, which passed unanimously.

B. CR 10-290 Michael C. MacDonald, M.D.

Ms. Clukey moved to approve the letter of guidance to Michael C. MacDonald, M.D. Dr. Dumont seconded the motion, which passed unanimously.

C. CR 10-340 David B. Nagler, M.D.

Dr. Jones moved to approve the letter of guidance to David B. Nagler, M.D. Dr. Nyberg seconded the motion, which passed unanimously.

D. CR 11-399 Frederick Van Mourik, M.D.

Dr. Dumont moved to approve the letter of guidance to Frederick Van Mourik, M.D. Dr. Gleaton seconded the motion, which passed unanimously.

8. Consumer Assistant Feedback (FYI)

III. New Complaints

9. CR 11-484

Dr. Hatfield moved to dismiss CR 11-484. Dr. Gleaton seconded the motion, which passed unanimously.

The complainant feels the physician did not listen to the patient or her family, made poor choices with his treatment, and ignored dangerously high blood pressures in the patient. She believes these deficiencies led to the poor outcome seen in this case.

A review of the records shows that treatment decisions were appropriate and that the patient's blood pressure was treated with both additional IV as well as oral medications. Quick responses to all nursing calls concerning the patient are well documented in the nursing notes. It is not possible to know the quality of the interactions between the patient, family, and physician.

10. CR 11-486

Ms. Clukey moved to dismiss CR 11-486. Dr. Jones seconded the motion, which passed unanimously.

The complainant alleges a covering physician caused her mother's death by getting her out of bed too soon after coronary surgery. Her mother was operated on in 2000 and was seen by a covering physician during her post operative hospital rehabilitation. Unfortunately, per protocol, after seven years the hospital destroys all records other than those that have been dictated. While there are some medical records involving the patient's care after coronary surgery and rehabilitation, there are no records of the covering physician's care of the patient. The lack of complete records prevents the Board from investigating this complaint further.

11. CR 11-506

Dr. Andrews moved to investigate further CR 11-506. Dr. Jones seconded the motion, which passed unanimously.

12. CR 11-467

Mr. Dyer moved to dismiss CR 11-467. Dr. Jones seconded the motion, which passed unanimously.

The physician performed an intake interview and exam with a chaperone present during the patient's first office visit. During the second office visit scheduled for laboratory tests performed by a laboratory technician the patient accused the physician of inappropriate conduct during the first office visit. The patient became belligerent and threatening to the physician and staff. As a result of the patient's conduct security escorted the patient out of the office.

Eye witnesses to these events testified the physician's conduct was always proper and that the patient was creating a disturbance. At all times the physician provided the appropriate standard of care.

13. CR 11-480 Cameron R. Bonney, M.D.

Dr. Barnhart moved to dismiss CR 11-480 Cameron R. Bonney, M.D. with a letter of guidance. Dr. Gleaton seconded the motion, which passed 8-0-0-1 with Dr. Nyberg recused.

The physician presents data to explain positive screening tests for alcohol. The screening data concerns have merit. The physician has complied with increased treatment and increased ongoing monitoring. The letter of guidance will remind Dr. Bonney to refrain from all substances which might result in a positive test; to use non-alcoholic hand sanitizer; and not to use mouthwash or other products which contain alcohol.

14. CR 11-488

Dr. Jones moved to dismiss CR 11-488. Dr. Gleaton seconded the motion, which passed unanimously.

The patient complains that the PA only examined her one time out of 6 office visits, and did not formulate a treatment plan, did not order diagnostic testing and made no referrals. The complainant also states that the PA was rude and uninterested in helping her, and reversed her Social Security disability.

Review of the record does not support this complaint. The patient was already seeing multiple specialists, and the PA also made referrals. This patient had many diagnostic tests, and the PA and specialists had many specific recommendations for this patient. The PA also had an independent RN present for part of all 6 visits and an interview with her did not support the complaint. The patient did not have her disability reversed.

15. CR 11-492

Dr. Jones moved to dismiss CR 11-492. Dr. Gleaton seconded the motion, which passed unanimously.

The patient complains that the PA and her practice released medical record information that should not have been released. Review of the practice's policies and procedures shows a remarkably clear and thorough protocol for handling release of information requests. In addition, the patient authorized the information released.

In medical record release requests, the patient has the responsibility for informing the PA or practices of what information they want released, and the practice has the responsibility for following the request accurately. This practice followed the patient's specific request accurately, and unfortunately, more information was released than the patient wanted or expected.

16. CR 11-495

Dr. Dumont moved to dismiss CR 11-495. Dr. Jones seconded the motion, which passed 8-0-0-1 with Dr. Hatfield recused.

This case involves a patient who complains that the gastroenterologist to whom he was referred refused to treat him even though the patient had been sick for 4 years with diarrhea. The patient also alleges that the physician stated he would not care for him because he was a patient of the other healthcare system in town. In addition, he states the physician did not make any therapeutic recommendations or suggest any treatment.

The physician replies, and the record confirms, that he was the fifth gastroenterologist to see this patient for this problem in the preceding 5 years and that the patient had already had an extensive evaluation including pan-endoscopy 16 months earlier. The physician also states he sees patients from multiple healthcare systems and this is not an issue. The physician dictated an extensive consultation note with review of the patient's previous workup. He also made treatment recommendations. Care appears appropriate.

17. CR 11-498

Dr. Jones moved to dismiss CR 11-498. Dr. Dumont seconded the motion, which passed unanimously.

The patient complains that she was not treated professionally and that she was misinformed or not informed at all concerning test results. The review of this record, as well as review of records from other practices does not support this complaint. The care was not incompetent or unprofessional.

18. CR 11-494

Dr. Gleaton moved to dismiss CR 11-494. Dr. Jones seconded the motion, which passed unanimously.

A man complained about the professional competency of a pathologist. The patient sought the help of a dermatologist for an intermittent rash of over ten year's duration; a skin biopsy was performed and sent for pathologic review. The pathologist read the slides after careful review and consultation with colleagues because he thought it was difficult to be certain of the diagnosis in the early stages of the suspected disease; therefore, the wording of the report was purposely "suspicious for" but not clearly diagnostic of a rare skin cancer.

Furthermore, and fortunately for the patient, in the subsequent work up for the possible skin cancer a second totally unrelated cancer was detected early, treated, and cured, which might not have happened had not the first work up for the skin cancer been undertaken.

Review of the records reveals reasonable, competent medical standard of care.

19. CR 11-500

Dr. Gleaton moved to dismiss CR 11-500. Mr. Dyer seconded the motion, which passed unanimously.

A patient complained about the competency of a pathologist who was consulted by a colleague concerning the review of a skin biopsy. The consult was sought because of the possibility of an early stage rare cancer diagnosis. Review of the records reveals reasonable, competent medical standard of care in the determination of the possible diagnosis.

20. CR 11-501

Dr. Gleaton moved to dismiss CR 11-501. Dr. Jones seconded the motion, which passed unanimously.

A patient complained about the competency of a pathologist who was consulted by a colleague concerning the review of a skin biopsy. The consult was sought because the possibility of an early stage rare skin cancer diagnosis was suspected. Review of the records reveals reasonable, competent medical standard of care in the determination of the possible diagnosis.

21. CR 11-513

Dr. Nyberg moved to dismiss CR 11-519. Dr. Gleaton seconded the motion, which passed 7-0-0-2 with Dr. Andrews and Dr. Dumont recused.

The patient presented to the Emergency Department with a complaint of dental pain (having sometime previously undergone two extractions and minor surgery to remove a bone spicule), and of "a lump on [her] throat." Examination revealed only a tiny bone spicule with no irritation and no infection. The physician found no likely source of pain and no cause for further testing or concern, save for a slight possibility of sinusitis. In addition, the physician tried to make a referral to the dentist who had done the previous work for further evaluation of the spicule but was informed: 1) a referral was not necessary for this familiar patient, and 2) the patient had been discharged from the service for non-compliance with her care. The patient left before the physician could explore the sinusitis issue, apparently because she felt her status as a methadone clinic patient led the physician to discriminate against her. The patient wanted the physician to alter her methadone care plan, but the physician thought it inappropriate for him to do so, as indeed it would have been.

22. CR 11-519

Dr. Jones moved to dismiss CR 11-519. Dr. Dumont seconded the motion, which passed unanimously.

The complainant feels she was humiliated by the physician assistant, falsely accused of substance abuse, reported to Child Protective Services, and that medical fraud was committed. The medical records were not released for the Board to review in this complaint except for a few excerpts. The information available to the Board does not substantiate medical fraud or inappropriate behavior, nor is there documentation that this provider contacted Child Protective Services.

23. CR 11-520

Dr. Barnhart moved to dismiss CR 11-520. Dr. Dumont seconded the motion, which passed unanimously.

The patient has many specific disagreements about his treatment and the details of his history. He did not philosophically agree with the type of help provided. The records document the team tried to develop insight into the nature of the illness and the reason for the treatment with the patient. The facts presented by the physician's response were corroborated by additional practitioners. The information from the ex wife was properly collected during involuntary commitment, when the patient was unable to give information in his state of mind, and she was later contacted with his written permission. This patient was court mandated to take medication through due process. The physician was able to get the patient to take familiar medications and not have to force intramuscular medications. Despite the patient being an intimidating figure, restraints were never used, which was commendable. Overall the care was difficult but successful for the patient. The records back up the team's intent to resolve the acute illness with the least possible amount of unwanted intervention.

24. CR 12-6

Dr. Andrews moved to dismiss CR 12-6. Dr. Gleaton seconded the motion, which passed unanimously.

The complainant alleges inappropriate treatment of the elderly patient admitted to the geriatrician's care to evaluate potential cardiac disease. The admission was complicated by an episode of delirium with behavior that was a clear threat to the patient's safety. Record review documented the physician's active involvement with the hospital's response to, and management of, the patient safety incident. He involved the family in the final decision to treat the patient with involuntary sedation, which was effected with an intravenous benzodiazepine. This resolved the behavioral incident but resulted in prolonged sedation with some residual confusion. The subsequent medical evaluation of the patient's delirium was appropriate.

With regard to the patient's cardiac condition, the record described both appropriate evaluation and treatment.

25. CR 12-7

Dr. Jones moved to dismiss CR 12-7. Dr. Gleaton seconded the motion, which passed unanimously.

This complaint issued by the Board alleges a physician assistant (PA) acted unprofessionally by prescribing narcotics without having Schedule II privileges. The PA worked as an emergency department provider and initially ordered nurses to dispense narcotics, as per emergency department policy. The emergency department policy changed and the PA became the direct dispenser of narcotics. A pharmacy review occurred due to a narcotic count discrepancy which identified that the PA did not have Schedule II prescribing privileges. The PA immediately stopped writing Schedule II prescriptions pending his application for Schedule II privileges. A Prescription Monitoring Program review identified multiple Schedule II prescriptions under his name. In his response to the Board the PA provided copies of many of the scripts that he wrote, and all were cosigned by a physician except for one. The signatures of the physicians cosigning the prescriptions were often illegible and none contained the physician's DEA number. The PA states the one script that was not cosigned was an error on his part and occurred because he did not realize that codeine was a Schedule II drug.

The Board is concerned about the physician assistant's error in prescribing Schedule II narcotics without Schedule II privileges but also recognizes that the ED policy had just changed and there was an attempt to have all scripts cosigned although this was actually improperly done by the physicians.

26. CR 12-8

Dr. Jones moved to dismiss CR 12-8. Dr. Gleaton seconded the motion, which passed unanimously.

The Board's complaint against this physician assistant alleges that she engaged in unprofessional conduct; namely, abandoning patients and leaving charts incomplete when she quit her job. Review of the record does not support this complaint. The allegations originate primarily from an employee and employer disagreement and are therefore not regulated by the Board. All patients were rescheduled with other providers and the charts in question were eventually completed.

27. CR 11-509 Patrick S. Carson, P.A.-C.

Dr. Jones moved to order an Adjudicatory Hearing in the matter of CR 11-509 Patrick S. Carson, P.A.-C. Mr. Dyer seconded the motion, which passed unanimously.

IV. Assessment & Direction

28. AD 12-23 (CR 12-35)

Dr. Gleaton moved to issue a complaint in the matter of AD 12-23 (CR 12-35). Dr. Jones seconded the motion, which passed 8-0-1-0 with Dr. Dumont abstaining.

V. Informal Conference(s)

A. CR 11-029

Dr. Jones moved to table CR 11-029. Dr. Nyberg seconded the motion, which passed unanimously.

B. CR 11-136

Dr. Jones moved to investigate further CR 11-136. Dr. Nyberg seconded the motion, which passed unanimously.

C. CR 10-486 Donald D. Smith, M.D.

Dr. Jones moved to dismiss CR 10-486 Donald D. Smith, M.D. with a letter of guidance. Dr. Dumont seconded the motion which passed 5-2-1-1-with Dr. Nyberg abstaining and Dr. Gleaton recused.

The patient complained that the physician suddenly stopped her narcotic pain medicine when covering for her primary physician, his partner who was away. She also complains the physician was abrupt with her and only offered a detoxification admission or a pain clinic referral, not alternative pain medications or weaning. The physician discussed his care of the patient and the thinking behind his decision making. He agreed that his office note from the visit did not reflect this process adequately. The Board accepts his explanation of the care and will send a letter of guidance.

The letter of guidance will emphasize:

1. The importance of documenting all office visits and his thought process for making decisions, so anyone treating the patient in the future can clearly see what went on during that visit.
2. That it is the licensee's professional obligation to respond to his licensing/regulatory board in a thoughtful and thorough manner.

D. CR 10-581

Dr. Jones moved to investigate further CR 10-581. Dr. Dumont seconded the motion, which passed unanimously.

E. CR 11-068

Dr. Dumont moved to dismiss CR 11-068. Dr. Jones seconded the motion, which passed 7-0-0-2 with Dr. Hatfield and Dr. Andrews recused.

This case involves a complaint that a patient did not get adequate post-operative care after a quadriceps tendon repair. The patient subsequently had to have repeat surgery. A scheduled

visit in clinic did not occur but did not affect the patient's care. Review of the record and meeting with the physician show that there were some communication issues between the hospital and the doctor's office but that the patient's care was appropriate and did not contribute to the patient's need for further surgery

Public Session

VI. Minutes of February 14, 2012

Dr. Gleaton moved to approve the minutes of the February 14, 2012 meeting. Dr. Jones seconded the motion, which passed unanimously.

VII. Board Orders & Consent Agreement Monitoring & Approval

A. Board Orders (None)

B. Consent Agreement Monitoring and Approval

1. Alexandria Nesbit, P.A.-C.

Dr. Nyberg moved to approve Laurie Laviolette, LCSW, CCS for both mental health and substance abuse counselling. Dr. Dumont seconded the motion, which passed unanimously.

2. Daniel Bobker, M.D.

Dr. Dumont moved to modify Dr. Bobker's consent agreement to allow him to work 40 hours per week but to deny his request to accept night call. Dr. Gleaton seconded the motion which passed unanimously.

3. Joshua Werblin, M.D. (Course Approval)

Dr. Jones moved to approve the course Safe and Effective Opiate Prescribing for Chronic Pain offered by the Vermont Board of Medical Practice. Dr. Gleaton seconded the motion, which passed unanimously.

VIII. Adjudicatory Hearing - CR 10-476 Cesar O. Garcia, M.D. Rescheduled to April 10, 2012.

IX. Remarks of Chairman

A. FSMB Annual Meeting Presentation (FYI)

B. Request for remote participation for Informal Conferences

Dr. Nyberg moved to deny the request from a complainant to participate at an informal conference via telephone. Dr. Jones seconded the motion, which passed unanimously.

X. Executive Director's Monthly Report

A. Complaint Status Report (FYI)

B. Policy Review – NPDB Queries

Dr. Nyberg moved to reaffirm the NPDB Queries policy. Dr. Jones seconded the motion, which passed unanimously.

C. FSMB – Senate Letter OIG (FYI)

D. FSMB Policy Documents Essentials/Elements (FYI)

XI. Medical Director's Report (No report)

XII. Remarks of Assistant Attorney General (No report)

XIII Secretary's Report

A, List A

1. M.D. List A Licenses for Ratification

Dr. Jones moved to ratify the Board Secretary's approval of the physicians on list A below for licensure. Dr. Barnhart seconded the motion, which passed unanimously.

The following license applications have been approved by staff and Board Secretary Maroulla Gleaton, M.D. without reservation:

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Algon, Sibel A.	Psychiatry	Bangor
Bedrosian, Jeffrey, E.	Otolaryngology	Portland
Bilotti, Edward J.	Psychiatry	Portland
Chang, Christopher A.	Internal Medicine	Skowhegan
Civiello, Gabriel M.	Pediatrics	Portland
Clark, Ariel A.	Emergency Medicine	Not Listed
Cloonan, Eileen J.	Family Medicine	Rockport
Eurman, Daniel W.	Diagnostic Radiology	Not Listed
Ho, Jeffrey C.	Diagnostic Radiology	Not Listed
Jain, Sanjay K.	Diagnostic Radiology	Not Listed
Kim, Milton W.	General Surgery	Brunswick
La Morgese, Robert S.	Internal Medicine	Houlton
Leighton, John S.	Family Medicine	Not Listed
Luu, Lemi	Emergency Medicine	Bangor
Maloy, Alyson E.	Neurology / Psychiatry	Brunswick

Manning, Maria	Diagnostic Radiology	Not Listed
Mitchell, Rosalind	Emergency Medicine	Presque Isle
Morin, David P.	Pediatrics	Falmouth
Nelson, Viera	Pathology / Hematology	Not Listed
Nickerson, Christopher J.	Internal Medicine	Portland
Quianzon, Celeste C.	Internal Medicine	Skowhegan
Rochman, Stephen	Urology	Brunswick
Schilbach, Christhart	Psychiatry	Not Listed
Schulze, Eric S.	Diagnostic Radiology	Not Listed
Sela, Ranaan	Anatomic Pathology	Not Listed
Shih, Eugene Y.	Diagnostic Radiology	Teleradiology
Turpin Jr., Edward M.	Psychiatry	Not Listed
Valentine, Nathan A.	Psychiatry	Bangor
Waltz, John E.	General Surgery	Penobscot
Yu, Joseph	Internal Medicine	Portland

2. P.A. List A Licenses for Ratification

Dr. Jones moved to ratify the Board Secretary's approval of the physician assistants on list A below for licensure. Dr. Barnhart seconded the motion, which passed unanimously.

The following Physician Assistant license applications have been approved by the Board Secretary, Maroulla Gleaton, M.D. without reservation:

<u>Name</u>	<u>License</u>	<u>PSP</u>	<u>Location</u>
Christopher Blanchette	Active	William Jenkins, M.D.	Millonocket
Kristen Boyt	Active	Tamas Peredy, M.D.	Wells
Valerie Romoser	Inactive	None	None

B. List B Applications for Individual Consideration

1. Rachel Swartz, M.D.

Dr. Dumont moved to approve the active license application of Rachel Swartz, M.D. Dr. Jones seconded the motion, which passed unanimously.

C. List C Applications for Reinstatement (None)

D. List D Withdrawals

1. List D (1) Withdraw License Application (None)

2. List D (2) Withdraw License from Registration

Dr. Jones moved to approve the physicians and physician assistants on List D (2) to withdraw their licenses from registration. Dr. Andrews seconded the motion, which passed unanimously.

NAME	LICENSE NUMBER
Briggs, Russell	MD6154
Davis, Michael	MD18369
Friedlander, Robert	MD13331
Haley, James	MD15133
Hong, Kwang	MD7946
Offret, Daniel	PA452
Perreault, Stephen	MD14340
Stahl, Gregory	MD18073
Zientara, Maria	MD7886

3. List D (3) Withdraw from Registration - Individual Consideration (None)

E. List E Licenses to lapse by operation of law (FYI)

The following physician licenses lapsed by operation of law effective March 7, 2012.

NAME	LICENSE NO.
Babson, William Jr.	MD16506
Bajor, George	MD14619
Baldwin, Gary	MD16261
Brubaker, Samuel	MD17570
Conklin, Terry	MD16774
Crawley, Daniel	MD17787
Dyment, Paul	MD12142
Goodwin, John	MD17965
Guo, Yue	MD16365
Hachiya, Kiyomi	MD17763
Jagadeesan, Jagada	MD7757
Karunaratne, Esiri	MD7371
Loo, Ray Mun	MD18201
Makapugay, Lydia	MD16930
Margolin, Chaim	MD15574
Sanborn, Linda	MD10920
Sexton, Filmon	MD15262
Shuler, William	MD17771
Soriano, Ernesto	MD5385
Sterling, Michael	MD12934
Tapia, Angela	MD18394
Villa, Otto	MD18915
Wheaton, Myra	MD18870
Williams, Robert	MD10232

Winkler, Howard
 Wood, George
 Wright, Jamey

MD13605
 MD4298
 MD17324

F. List F Licensees requesting to convert to active status (None)

G. List G Renewal applications for review (None)

H. List H. Physician Assistant Schedule II Authority Requests for Ratification

1. Applications to Renew Schedule II Authority

Dr. Jones moved to ratify the physician assistants on List H to renew schedule 2 authorities. Dr. Dumont seconded the motion, which passed unanimously.

The following requests to renew Schedule II prescribing authority have been approved by Board Secretary Maroulla Gleaton, MD.

<u>NAME</u>	<u>PSP</u>	<u>LOCATION</u>
Sarah Chase, P.A.-C	Randolph Helmholz, M.D.	Belfast
Scott Collins, P.A.-C	Stephen Rodrigue, M.D.	Falmouth
Claire Costanza, P.A.-C	Michelle Toder, M.D.	Bangor
David Duchin, P.A.-C	Robert Verosloff, M.D.	Bangor
Ann Marie Fiore, P.A.-C	Michael Baumann, M.D.	Portland
David Flaherty, P.A.-C	David McDermott, M.D.	Dover-Foxcroft
Hans Gundersen, P.A.-C	Joel Botler, M.D.	Portland
Randy Jackson, P.A.-C	Noah Nesin, M.D.	Lincoln
Charles McNeer, P.A.-C	Larry Flanagan, M.D.	Bangor
Carol Johnson, P.A.-C	Andrew Hertler, M.D.	Augusta
Lindsay Shinnors, P.A.-C	Jamie Loggins, M.D.	Lewiston
Michael Verville, P.A.-C	Jamie Loggins, M.D.	Lewiston
Mark Wright, P.A.-C	Anthony Mancini, M.D.	Augusta

2. Applications for New Schedule II Authority (None)

XIV. Standing Committee Reports

A. Administration, Policy & Rules Committee (Did not meet)

B. Special Projects Committee

The Special Projects Committee reviewed a request from Richard S. Smith, M.D., D. Med. Sci., a research scientist at the Jackson Laboratory in Bar Harbor, Maine, to grant category I credit to a six-day course (September 10-15) titled "Pathology of Mouse Models of Human Disease" to be held at the Jackson Laboratory.

Dr. Jones moved to approve 10 CME category I credits for the six-day course titled "Pathology of Mouse Models of Human Disease." Dr. Dumont seconded the motion, which passed unanimously.

C. Legislative & Regulatory Committee (FYI)

F. Licensure Committee (FYI)

G Physician Assistant Advisory Committee

1. Dr. Jones reported that recommendations from the PA Advisory Committee for changes to Chapter 2 will be coming to the Board in the near future.
2. Dr. Jones moved to approve Brian P. McCann, M.D. to the vacant slot on the PA Advisory Committee. Dr. Dumont seconded the motion, which passed unanimously.
3. Dr. Jones reported the PA Advisory Committee wants to contribute articles to Board Notes.

XV. Board Correspondence (FYI)

XVI. FYI

XVII. FSMB Material (FYI)

XVIII. Other Business (none)

XIX. Adjournment 3:46 p.m.

Dr. Andrews moved to adjourn. Mr. Dyer seconded the motion, which passed unanimously.

Respectfully submitted,



Jean M. Greenwood
Board Coordinator